

Pesticide/Asbestos Programs and Enforcement Branch  
Enforcement Case Screening and Recommendation  
Worksheet<sup>1</sup>  
(Enforcement Confidential - Do Not Release Under FIOA)

**INSTRUCTIONS** In response to a detected violation or set of detected violations, EPA enforcement staff may find completion of this checklist useful in prioritizing cases for formal enforcement action. Even if a violator has received or requested compliance assistance, the violations may still merit the initiation of a formal enforcement action.

Facility Name: <b>ACME</b> Address: <b>200 N Sycamore Ave</b> City, State, Zip Code: <b>Newham, MA 18950</b> Contractor: <b>Crest Environmental</b> Address: <b>1801 N. 10th St.</b> City, State, Zip Code: <b>Reading, MA 19624</b>	File Number:  Inspection Date: <b>11/18/09</b> Violation Date:  Projected Quarter: 	Inspector: <b>Phil Park</b> Case Reviewer: <b>Phil Park</b> ORC Contact:	Statute: FIFRA <del>CAA NESHAPs</del> TSCA AHERA TSCA ASHARA TSCA MAP
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Were any violations observed during inspection/ case review? Yes (continue) ☒ No (close out)

**Inspection Summary:**

Summarize key issues and violations found in the inspection report(s). Include the names addresses and telephone numbers of EPA and State inspectors that participated in the inspection. In FIFRA cases where there were no state or federal inspections describe in detail how evidence was gathered and how violations were determined. (Attach copies of all relevant inspection reports.) Self-Disclosure? Yes No

job not started

**Detailed Description of Violations:**

List each alleged violation citing the applicable statute and/or regulation. Describe how each violation was determined. List in detail the information in our possession that supports the fact that a violation(s) has occurred. Discuss in detail how the statute and/or regulations in question are applicable to the alleged violator. For example: does the violator/facility meet the definition of facility, does the case meet any threshold requirements for there to be a violation, etc.) Discuss how the alleged violation(s) are not subject to applicable exclusions found in the regulations or applicable policy. Describe whether there has been an actual exposure to, or is there a substantial likelihood of exposure to pesticides/ asbestos that resulted from or may result from action taken or not taken by the alleged violator. Are the violation(s) continuing? Identify the source(s) of this information. (Attach copies of supporting documentation.)

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**Compliance History.**

*Provide a description of the compliance history of the violator or facility, including repeat violations. Describe instances of non-compliance with FIFRA, CAA or TSCA activities. Also describe instances of non-FIFRA, CAA or TSCA non-compliance if there is a relevant link between the FIFRA, CAA or TSCA, and non-non-FIFRA, CAA or TSCA non-compliance.*

**Ownership Information:**

*Provide information that supports that the party being cited for violations is the proper entity to receive the proposed enforcement action. This may include information on the facility ownership, The correct names of the contractors involved or other relevant information. (D&B reports and deed and title search information may be provide this information.)*

**Financial Status of Facility Owner /Operator.**

*Provide a brief description of the violator's financial status as currently available. This can be obtained through responses to information requests , Dun & Bradstreet reports, etc. (Attach copies of supporting information)*

**Other Considerations**

*Provide a brief description Are there any apparent knowing, willful or negligent conduct by the company or any individual employed by the company? Yes No*

*Are there known or suspected violation(s) of other regulatory requirements? Yes No*

*Does this case have multi-media potential? Yes No*

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**Penalty Calculation and Justification**

*List for each violation a proposed penalty for that violation. Provide a brief narrative on how this penalty amount was determined and what assumptions and judgments regarding the evidence and the severity of the violation(s) were made? Include an economic benefit component if appropriate? (Attach penalty calculation sheets.)*

**Penalty Only/Injunctive Relief**

*Is this a penalty only case or are there specific tasks that must be completed by the violator for the facility to return to compliance. Please describe.*

**What is the recommended enforcement response?**

Advisory Letter  
Administrative Order  
APO  
Close  
Criminal Referral  
Judicial Referral  
NOV/NOW/NON  
Stop Sale Order  
Refer to State  
Refer to Other Region  
Other  
Show Cause/Super CAFO

**TIER I Decision**

**Date:**

Advisory Letter  
Administrative Order  
APO  
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NOV/NOW/NON  
SSURO  
Refer to State  
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Case Reviewer

Enforcement Coordinator

Branch Chief

Date

Date

Date

<sup>1</sup> This is a pre-decisional document protected by the deliberative process and attorney work product privileges (and may also be privileged attorney-client communication). Conclusions or recommendations are intended solely as primary information for government personnel. This worksheet contains tentative conclusions and staff-level recommendations and does not create any rights, or procedural, or defenses, as they are not binding on the Agency or the Department of Justice.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
1650 Arch Street  
Philadelphia, Pennsylvania 19103-2029

Project Name Acme Asbestos File # \_\_\_\_\_  
Project Location Newtown, PA Project Start Date \_\_\_\_\_  
Contractor Best Environmental Inspection Date 11-18-09  
On-Site Supervisor NA Inspector Rich Rank  
Type of Project: Removal ☒ Demolition ☒  
Phase of Project: Pre-Job ☒ Set-Up \_\_\_\_\_ Removal \_\_\_\_\_ Post \_\_\_\_\_  
Inspection Number 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd ☒ 4th \_\_\_\_\_  
On-Site Representative NA  
Company Name \_\_\_\_\_  
On-Site Supervisor \_\_\_\_\_  
Type of Removal Gross ☒ Glove-Bag \_\_\_\_\_ Other \_\_\_\_\_

**NESHAP'S REQUIREMENTS**

Is Removal: Planned ☒ Emergency \_\_\_\_\_  
If Planned, was Notification Postmarked 10 Working Days Prior to the Start of the Project? Yes ☒ No \_\_\_\_\_ N/A \_\_\_\_\_  
Category of ACM to be Removed:  
Regulated ACM ☒ CAT. I ☒ CAT. II \_\_\_\_\_

**COMMENTS AND RECOMMENDATIONS:**

Appears job not started, no one on site /

Crest Environmental Services Corp.  
P.O. Box 15086  
Reading, PA 19612



ASBESTOS NESHAP COORDINATOR 3WC32  
US EPA REGION III  
1650 ARCH STREET  
PHILADELPHIA PA 19103

19103+2087





# ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

## For Official Use Only

Postmark Date: \_\_\_\_\_

Project ID#: \_\_\_\_\_

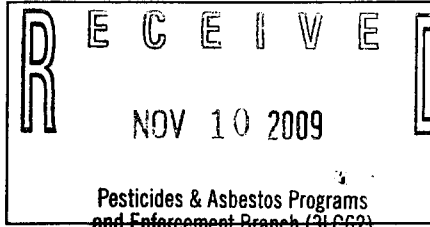
Permit #: \_\_\_\_\_

Other #: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date Received 1

Date Received 2



NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

## REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
	<input checked="" type="checkbox"/> Revision (highlight here, and changes)	<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Postponement	<input type="checkbox"/> Cancellation	
	Date of Initial Notification or, if previously revised, date of last revision: <u>INITIAL 09/28/09</u>		
2.	PROJECT LOCATION (check one):		
	<input type="checkbox"/> Allegheny County	<input type="checkbox"/> City of Philadelphia	<input checked="" type="checkbox"/> Other Location in PA (specify county): <u>BUCKS</u>
3.	For Allegheny County and City of Philadelphia projects only:		
	A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)		
	B. For City of Philadelphia projects requiring a permit:		
	Asbestos project inspector: _____		Certification #: _____
	Company name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____ Phone: _____
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).		
5.	TYPE OF OPERATION (check one):		
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input checked="" type="checkbox"/> Renovation
			<input type="checkbox"/> Abatement prior to Demolition
			<input type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION: Job No.: <u>J09151DB</u> (see instructions)		
	Facility Name: <u>FORMER ACME</u>		
	Street/Rural Address: <u>200 N SYCAMORE STREET</u>		
	City: <u>NEWTOWN</u>	State: <u>PA</u>	Zip Code: <u>18940</u>
	Present use: <u>VACANT</u>	Prior use: <u>GROCERY STORE</u>	
	Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Facility size in square feet: <u>+17,000 SF</u>	# of floors: <u>1</u>	Age in years: <u>+50</u>
7.	ABATEMENT CONTRACTOR:		
	Company name: <u>CREST ENVIRONMENTAL SERVICES CORP</u>		
	Allegheny County or City of Philadelphia License # (if applicable): _____		
	Street/Rural/POB Address: <u>1801 N 10TH STREET</u>		
	City: <u>READING</u>	State: <u>PA</u>	Zip: <u>19604</u>
	Contact: <u>ANTHONY J SANTARELLI</u> Telephone No. (between 8:00 & 4:30): <u>610-685-7711</u>		

8. DEMOLITION CONTRACTOR:  
 Company name: DENUCCI EXCAVATING  
 Street/Rural/POB Address: 2804 OLD ROGERS ROAD  
 City: BRISTOL State: PA Zip: 19007  
 Contact: CLINT DENUCCI Telephone No. (between 8:00 & 4:30): 215-788-0673

9. FACILITY OWNER:  
 Owner name: 200 N SYCAMORE STREET LP  
 Street/Rural/POB Address: 1262 WOOD LANE  
 City: LANGHORNE State: PA Zip: 19047  
 Contact: VINCE KEENAN Telephone No. (between 8:00 & 4:30): 215-852-2545

10. FACILITY INSPECTION (required for renovation and demolition projects):  
 Building inspector: DENNIS J BINCAROSKY Certification # 002859  
 Date of inspection: 09/28/09 Is any material assumed to be asbestos? ☒ Yes ☐ No  
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:  
PLM (BULK ANALYSIS)

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT ☒ Yes ☐ No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	FITTING INSULATION	THROUGHOUT INTERIOR OF STORE	50	LF	REM	PCM
FRI	PIPE INSULATION	THROUGHOUT INTERIOR OF STORE	120	LF	REM	PCM
NF1	FLOOR TILE	THROUGHOUT INTERIOR OF STORE	500	SF	REM	PCM
NF2	MASTIC	THROUGHOUT INTERIOR OF STORE	13,500	SF	REM	PCM
FRI	FLEX CONNECTORS	THROUGHOUT INTERIOR OF STORE	40	SF	REM	PCM
NF2	TRANSITE	THROUGHOUT INTERIOR OF STORE	350	SF	REM	PCM

<b>Code *</b> <u>Type of ACM</u>	<b>Code **</b> <u>Units</u>	<b>Code ***</b> <u>Type of abatement</u>	<b>Code ****</b> <u>Final Clearance</u>
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. Is this project regulated by NESHAP ☒ Yes ☐ No  
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

## 14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 10/13/2009 Completion Date: 12/31/2009  
 Daily hours of operation: 7:00 ☒ am ☐ pm to 7:00 ☐ am ☒ pm  
 Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☐ Sa ☐ Su
- B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

## 15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

REMOVAL OF ASBESTOS CONTAINING FITTING & PIPE INSULATION, FLOOR TILE, MASTIC, FLEX  
CONNECTORS AND INTERIOR TRANSITE

## 16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Post danger signs, critical barriers consisting of 6 mil poly sheeting on all entrances and exits to work area, wet asbestos with amended water, and attach glove bag with tools, water and negative pressure device. Remove asbestos from pipe, remove any air from bag and detach from piping, double bag waste, attach generator's labeling, and place for disposal in an EPA approved landfill. Post danger signs and barrier tape to restrict access to work area, critical barriers on all entrances and exits to work area. Wet floor tile material with amended water, remove in full sections to prevent breakage. Containerize complying with applicable regulations, attach generator's labeling, dispose of in an EPA approved landfill. Remove mastic via chemical removal procedures. Post danger signs and barrier tape to restrict access to work area, critical barriers on all entrances and exits to work area. Wet transite material with amended water, remove in full sections to prevent breakage. Containerize complying with applicable regulations, attach generator's labeling, dispose of in an EPA approved landfill.

## 17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: SERVICE TRANSPORT GROUP, INC. / ALLIED WASTE  
 Street/Rural Address: 58 PYLES LANE / 731 E RELIANCE ROAD  
 City: NEW CASTLE / TELFORD State: DE / PA Zip: 19720 / 18969  
 Contact: RANDY BRIDGES / HARRY BERTOTI Telephone: 877-999-9559 / 215-723-0400
- B. Transporter #2 name: CREST ENVIRONMENTAL SERVICES CORP  
 Street/Rural Address: 1801 N 10TH STREET  
 City: READING State: PA Zip: 19604  
 Contact: ANTHONY J SANTARELLI Telephone: 610-685-7711

## 18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: MINERVA LANDFILL DEP permit #: 151292  
 Street/Rural Address: 9000 MINERVA ROAD  
 City: WAYNESBURG State: OH Zip: 44688  
 Contact: DISPATCH Telephone: 330-866-3435
- B. Landfill name: BFI CONESTOGA LANDFILL / SANITARY LANDFILL DEP permit #: 101509 / 100277  
 Street/Rural Address: QUARRY ROAD / 901 TYROL BLVD  
 City: MORGANTOWN / BELLE VERNON State: PA / PA Zip: 19543 / 15012  
 Contact: MATT KINGSLEY / DISPATCH Telephone: 610-286-7876 / 724-929-7694

## 19. AIR MONITORING FIRM(S)

- A. Company name/individual: CREST ENVIRONMENTAL SERVICES CORP  
 Street/Rural Address: 1801 N 10TH STREET  
 City: READING State: PA Zip: 19604  
 Contact: ANTHONY J SANTARELLI Telephone: 610-685-7711
- B. Final clearance firm: (if different than 19A) AMERISCI  
 Street/Rural Address: 13635 GENITO ROAD  
 City: MIDLOTHIAN State: VA Zip: 23112  
 Contact: KEVIN BLAKELY Telephone: 804-763-1200
- Final clearance firm was hired by (check one) ☒ Contractor ☐ Owner  
☐ Other Explain \_\_\_\_\_

## 20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_ ☐ am ☐ pm

Description of the sudden, unexpected event:

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Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

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## 22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: \_\_\_\_\_  
 Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: IN THE EVENT THAT PREVIOUSLY NON-FRIABLE ASBESTOS CONTAINING MATERIAL WERE TO BECOME FRIABLE, APPROPRIATE ENGINEERING CONTROLS WILL BE IMPLEMENTED TO PREVENT FIBER RELEASE, SUCH AS CONTAINMENT, NEGATIVE PRESSURE, ETC.

## 24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: <u>ANTHONY J SANTARELLI</u>	Certification #: <u>018917</u>
Contractor (Individual): <u>ANTHONY J SANTARELLI</u>	Certification #: <u>018917</u>
Supervisor: <u>ANTHONY J SANTARELLI</u>	Certification #: <u>018917</u>
Contractor (Firm) <u>CREST ENVIRONMENTAL SERVICES CORP</u>	Certification #: <u>C0472A</u>

## \*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\*

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

Anthony J Santarelli 11/6/2009  
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: ANTHONY J SANTARELLI Title: OPERATIONS MANAGER

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

Anthony J Santarelli 11/6/2009  
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: ANTHONY J SANTARELLI Title: OPERATIONS MANAGER

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Facility Name: <i>Acme</i> Address: <i>200 N Sycamore St.</i> City, State, Zip Code: <i>Newtown, PA 18940</i> Contractor: <i>Pest Equipment</i> Address: <i>1801 N 10th St</i> City, State, Zip Code: <i>Reading, PA 19604</i>	File Number:  Inspection Date: <i>10/29/09</i> Violation Date:  Projected Quarter: 	Inspector: <i>Rich Pank</i> Case Reviewer: <i>Rich Pank</i> ORC Contact:	Statute: FIFRA <input checked="" type="checkbox"/> CAA NESHAPS <input checked="" type="checkbox"/> TSCA AHERA <input type="checkbox"/> TSCA ASHARA <input type="checkbox"/> TSCA MAP <input type="checkbox"/>
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Were any violations observed during inspection/ case review? Yes (continue) ☒ No (close out)

**Inspection Summary:**

Summarize key issues and violations found in the inspection report(s). Include the names addresses and telephone numbers of EPA and State inspectors that participated in the inspection. In FIFRA cases where there were no state or federal inspections describe in detail how evidence was gathered and how violations were determined. (Attach copies of all relevant inspection reports.) Self-Disclosure? Yes No *Job not started*

**Detailed Description of Violations:**

List each alleged violation citing the applicable statute and/or regulation. Describe how each violation was determined. List in detail the information in our possession that supports the fact that a violation(s) has occurred. Discuss in detail how the statute and/or regulations in question are applicable to the alleged violator. For example: does the violator/facility meet the definition of facility, does the case meet any threshold requirements for there to be a violation, etc.) Discuss how the alleged violation(s) are not subject to applicable exclusions found in the regulations or applicable policy. Describe whether there has been an actual exposure to, or is there a substantial likelihood of exposure to pesticides/ asbestos that resulted from or may result from action taken or not taken by the alleged violator. Are the violation(s) continuing? Identify the source(s) of this information. (Attach copies of supporting documentation.)

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*Provide a brief description Are there any apparent knowing, willful or negligent conduct by the company or any individual employed by the company? Yes No*

*Are there known or suspected violation(s) of other regulatory requirements? Yes No*

*Does this case have multi-media potential? Yes No*

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Is this a penalty only case or are there specific tasks that must be completed by the violator for the facility to return to compliance. Please describe.

**What is the recommended enforcement response?**

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**TIER I Decision**

**Date:**

Advisory Letter  
Administrative Order  
APO  
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Criminal Referral  
Judicial Referral  
NOV/NOW/NON  
SSURO  
Refer to State  
Refer to Other Region  
Other  
Show Cause/Super CAFO

Case Reviewer

*[Signature]*

Date

1/29/10

Enforcement Coordinator

*[Signature]*

Date

1/29/10

Branch Chief

*Maria Rodriguez-Hurt for*

Date

2/2/10

*Fatima El Abdouni*

<sup>1</sup> This is a pre-decisional document protected by the deliberative process and attorney work product privileges (and may also be privileged attorney-client communication). Conclusions or recommendations are intended solely as primary information for government personnel. This worksheet contains tentative conclusions and staff-level recommendations and does not create any rights, or procedural, or defenses, as they are not binding on the Agency or the Department of Justice.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
1650 Arch Street  
Philadelphia, Pennsylvania 19103-2029

Project Name Acme  
Project Location Newtown, PA  
Contractor Crest Environmental  
On-Site Supervisor N/A  
Type of Project: Removal ☒ Demolition \_\_\_\_  
Phase of Project: Pre-Job ☒ Set-Up \_\_\_\_ Removal \_\_\_\_ Post \_\_\_\_  
Inspection Number 1st ☒ 2nd \_\_\_\_ 3rd \_\_\_\_ 4th \_\_\_\_  
On-Site Representative N/A  
Company Name \_\_\_\_  
On-Site Supervisor \_\_\_\_

Asbestos File # \_\_\_\_  
Project Start Date \_\_\_\_  
Inspection Date 10/28/09  
Inspector Rich Porek

Type of Removal Gross ☒ Glove-Bag \_\_\_\_ Other \_\_\_\_

**NESHAP'S REQUIREMENTS**

Is Removal: Planned ☒ Emergency \_\_\_\_

If Planned, was Notification Postmarked 10 Working Days Prior to the Start of the Project? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

Category of ACM to be Removed:

Regulated ACM ☒ CAT. I ☒ CAT. II ☒

**COMMENTS AND RECOMMENDATIONS:**

Job not started, dumpster on site, ACM still visible in  
building



# ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

## For Official Use Only

Postmark Date: \_\_\_\_\_

Project ID#: \_\_\_\_\_

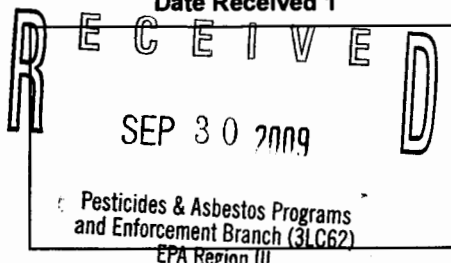
Permit #: \_\_\_\_\_

Other #: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date Received 1

Date Received 2



NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

## REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
	<input type="checkbox"/> Revision (highlight here, and changes)		<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Postponement		<input type="checkbox"/> Cancellation	
	Date of Initial Notification or, if previously revised, date of last revision: _____			
2.	PROJECT LOCATION (check one):			
	<input type="checkbox"/> Allegheny County	<input type="checkbox"/> City of Philadelphia	<input checked="" type="checkbox"/> Other Location in PA (specify county): <u>BUCKS</u>	
3.	For Allegheny County and City of Philadelphia projects only:			
	A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)			
	B. For City of Philadelphia projects requiring a permit:			
	Asbestos project inspector: _____		Certification #: _____	
	Company name: _____			
	Address: _____			
	City: _____	State: _____	Zip: _____	Phone: _____
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).			
5.	TYPE OF OPERATION (check one):		<input type="checkbox"/> Abatement prior to Demolition	
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION:		Job No.: <u>J09151DB</u> (see instructions)	
	Facility Name: <u>FORMER ACME</u>			
	Street/Rural Address: <u>200 N SYCAMORE STREET</u>			
	City: <u>NEWTOWN</u>		State: <u>PA</u>	Zip Code: <u>18940</u>
	Present use: <u>VACANT</u>		Prior use: <u>GROCERY STORE</u>	
	Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Facility size in square feet: <u>+17,000 SF</u>		# of floors: <u>1</u>	Age in years: <u>+50</u>
7.	ABATEMENT CONTRACTOR:			
	Company name: <u>CREST ENVIRONMENTAL SERVICES CORP</u>			
	Allegheny County or City of Philadelphia License # (if applicable): _____			
	Street/Rural/POB Address: <u>1801 N 10TH STREET</u>			
	City: <u>READING</u>		State: <u>PA</u>	Zip: <u>19604</u>
	Contact: <u>ANTHONY J SANTARELLI</u>		Telephone No. (between 8:00 & 4:30): <u>610-685-7711</u>	

<b>8. DEMOLITION CONTRACTOR:</b> Company name: <u>DENUCCI EXCAVATING</u> Street/Rural/POB Address: <u>2804 OLD ROGERS ROAD</u> City: <u>BRISTOL</u> State: <u>PA</u> Zip: <u>19007</u> Contact: <u>CLINT DENUCCI</u> Telephone No. (between 8:00 & 4:30): <u>215-788-0673</u>						
<b>9. FACILITY OWNER:</b> Owner name: <u>200 N SYCAMORE STREET LP</u> Street/Rural/POB Address: <u>1262 WOOD LANE</u> City: <u>LANGHORNE</u> State: <u>PA</u> Zip: <u>19047</u> Contact: <u>VINCE KEENAN</u> Telephone No. (between 8:00 & 4:30): <u>215-852-2545</u>						
<b>10. FACILITY INSPECTION (required for renovation and demolition projects):</b> Building inspector: <u>DENNIS J BINCAROSKY</u> Certification # <u>002859</u> Date of inspection: <u>09/28/09</u> Is any material assumed to be asbestos? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: <u>PLM (BULK ANALYSIS)</u>						
<input type="checkbox"/> Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)						
<b>11. IS ANY TYPE OF ASBESTOS PRESENT</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list in #12						
<b>12. TYPE OF ACM, DESCRIPTION &amp; LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.</b>  <b>PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.</b>						
Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	FITTING INSULATION	THROUGHOUT INTERIOR OF STORE	50	LF	REM	PCM
FRI	PIPE INSULATION	THROUGHOUT INTERIOR OF STORE	120	LF	REM	PCM
NF1	FLOOR TILE	THROUGHOUT INTERIOR OF STORE	500	SF	REM	PCM
NF2	MASTIC	THROUGHOUT INTERIOR OF STORE	13,500	SF	REM	PCM
FRI	FLEX CONNECTORS	THROUGHOUT INTERIOR OF STORE	40	SF	REM	PCM
NF2	TRANSITE	THROUGHOUT INTERIOR OF STORE	350	SF	REM	PCM
<b>Code *</b>	<b>Code **</b>	<b>Code ***</b>	<b>Code ****</b>			
<u>Type of ACM</u>	<u>Units</u>	<u>Type of abatement</u>	<u>Final Clearance</u>			
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy			
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy			
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure				
(Note: Allegheny County treats all ACM as friable)		NON - None				
<b>13. Is this project regulated by NESHAP</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.						

## 14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 10/13/2009 Completion Date: 11/6/2009  
 Daily hours of operation: 7:00 ☒ am ☐ pm to 7:00 ☐ am ☒ pm  
 Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☐ Sa ☐ Su
- B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

## 15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

REMOVAL OF ASBESTOS CONTAINING FITTING & PIPE INSULATION, FLOOR TILE, MASTIC, FLEX  
CONNECTORS AND INTERIOR TRANSITE

## 16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Post danger signs, critical barriers consisting of 6 mil poly sheeting on all entrances and exits to work area, wet asbestos with amended water, and attach glove bag with tools, water and negative pressure device. Remove asbestos from pipe, remove any air from bag and detach from piping, double bag waste, attach generator's labeling, and place for disposal in an EPA approved landfill. Post danger signs and barrier tape to restrict access to work area, critical barriers on all entrances and exits to work area. Wet floor tile material with amended water, remove in full sections to prevent breakage. Containerize complying with applicable regulations, attach generator's labeling, dispose of in an EPA approved landfill. Remove mastic via chemical removal procedures. Post danger signs and barrier tape to restrict access to work area, critical barriers on all entrances and exits to work area. Wet transite material with amended water, remove in full sections to prevent breakage. Containerize complying with applicable regulations, attach generator's labeling, dispose of in an EPA approved landfill.

## 17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: SERVICE TRANSPORT GROUP, INC. / ALLIED WASTE  
 Street/Rural Address: 58 PYLES LANE / 731 E RELIANCE ROAD  
 City: NEW CASTLE / TELFORD State: DE / PA Zip: 19720 / 18969  
 Contact: RANDY BRIDGES / HARRY BERTOTI Telephone: 877-999-9559 / 215-723-0400
- B. Transporter #2 name: CREST ENVIRONMENTAL SERVICES CORP  
 Street/Rural Address: 1801 N 10TH STREET  
 City: READING State: PA Zip: 19604  
 Contact: ANTHONY J SANTARELLI Telephone: 610-685-7711

## 18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: MINERVA LANDFILL DEP permit #: 151292  
 Street/Rural Address: 9000 MINERVA ROAD  
 City: WAYNESBURG State: OH Zip: 44688  
 Contact: DISPATCH Telephone: 330-866-3435
- B. Landfill name: BFI CONESTOGA LANDFILL / SANITARY LANDFILL DEP permit #: 101509 / 100277  
 Street/Rural Address: QUARRY ROAD / 901 TYROL BLVD  
 City: MORGANTOWN / BELLE VERNON State: PA / PA Zip: 19543 / 15012  
 Contact: MATT KINGSLEY / DISPATCH Telephone: 610-286-7876 / 724-929-7694

## 19. AIR MONITORING FIRM(S)

- A. Company name/individual: CREST ENVIRONMENTAL SERVICES CORP  
 Street/Rural Address: 1801 N 10TH STREET  
 City: READING State: PA Zip: 19604  
 Contact: ANTHONY J SANTARELLI Telephone: 610-685-7711
- B. Final clearance firm: (if different than 19A) AMERISCI  
 Street/Rural Address: 13635 GENITO ROAD  
 City: MIDLOTHIAN State: VA Zip: 23112  
 Contact: KEVIN BLAKELY Telephone: 804-763-1200
- Final clearance firm was hired by (check one) ☒ Contractor ☐ Owner  
☐ Other Explain \_\_\_\_\_

## 20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_ ☐ am ☐ pm  
 Description of the sudden, unexpected event:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: \_\_\_\_\_

Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_

Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

## 23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: IN THE EVENT THAT PREVIOUSLY NON-FRIABLE ASBESTOS CONTAINING MATERIAL WERE TO BECOME FRIABLE, APPROPRIATE ENGINEERING CONTROLS WILL BE IMPLEMENTED TO PREVENT FIBER RELEASE, SUCH AS CONTAINMENT, NEGATIVE PRESSURE, ETC.

## 24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: ANTHONY J SANTARELLI Certification #: 018917Contractor (Individual): ANTHONY J SANTARELLI Certification #: 018917Supervisor: ANTHONY J SANTARELLI Certification #: 018917Contractor (Firm) CREST ENVIRONMENTAL SERVICES CORP Certification #: C0472A

## \*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\*

## 25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

Anthony J Santarelli 9/28/2009  
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: ANTHONY J SANTARELLI Title: OPERATIONS MANAGER

## 26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

Anthony J Santarelli 9/28/2009  
 (Original Signature of Owner/Operator) (Date)


Printed Name of Owner/Operator: ANTHONY J SANTARELLI Title: OPERATIONS MANAGER

FOR OFFICIAL USE ONLY

Crest Environmental Services Corp.  
P.O. Box 15086  
Reading, PA 19612

ASBESTOS NESHAP COORDINATOR 3WC32  
US EPA REGION III  
1650 ARCH STREET  
PHILADELPHIA PA 19103



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